

RGEN_ID_SEQ# **213341**

BOARD OF PAARP

LICENSE NUMBER 20

☒ REGISTERED WITH MT SEC OF STATE

NAME OF APPLICANT NEW HORIZONS YOUTH RANCH INC.

DATE RECEIVED 1/11/2010 DATE APPLICATION EXPIRES _____

Other Names Known As or DBA: DEP #357306 5/5/2002 RECEIVED \$500 AND \$260

☐ COMPLETED APPLICATION

APPLICATION

☐ FEES RECEIVED

☒ REGISTRATION FEE - 0-10 \$1,080.00

☒ LICENSE FEE - 0-10 \$270.00

☐ REGISTRATION FEE - 11-25 \$2,780.00

☐ LICENSE FEE - 11-25 \$695.00

☐ REGISTRATION FEE - 26-50 \$5,210.00

☐ LICENSE FEE - 26-50 \$1,300.00

☐ REGISTRATION FEE - 51-100 \$8,520.00

☐ LICENSE FEE - 51-100 \$2,130.00

Programs with 101 and more participants must contact the board for current information on the average daily census.

☒ OWNERS LISTED

☒ EMPLOYEES LISTED

☒ PLAN OF OPERATION INCLUDED

ACCREDITING ENTITY _____

OTHER REQUIREMENTS

☒ PERSON IN CHARGE

THOMAS E. HARRELL

☐ Background Check

☐

LICENSE HISTORY

☐ LICENSE VERIFICATION
RECEIVED

LIST STATE OR STATES LICENSED

LEGAL ACTION

☐ STATE DISCIPLINARY
ACTION

☐ MISCELLANEOUS COURT
DOCUMENTS

OTHER

PERSONNEL INFORMATION

☐ PERSONAL HEALTH
ISSUES

☐ IMPAIRMENT ISSUES

OTHER

CORRESPONDENCE

☐ BOARD LETTERS TO
APPLICANT

DATE
COMPLETE _____

DATE GIVEN
TO PM _____

APPLICATION
REVIEWED BY _____
INITIALS AND DATE

APPLICATION
REVIEWED BY _____

BOARD APPROVAL AND DATE

APPROVED _____

INITIALS AND DATE

☐ DATA COMPLETED IN
COMPUTER

WALL CERTIFICATE AND
LICENSE SENT



(301 S PARK, 4TH FLOOR - Delivery)
PO Box 200S13

Helena, Montana 59620-0513

PHONE (406) 841-2392 or (406) 841-2369 FAX (406) 841-2305

EMAIL: dlibsdpap@mt.gov WEBSITE: http://www.paarp.mt.gov

RECEIVED
JUN 11 REC'D
HCLB☐ PROVISIONAL & LICENSING REGISTRATION (Include copies of all requested documentation)AVERAGE DAILY CENSUS: ☒ 0-10 Participants ☐ 11-25 Participants ☐ 26-50 Participants
☐ 51-100 Participants ☐ 101+ Participants1. BUSINESS ENTITY: ☐ Sole Proprietorship ☐ Partnership ☐ Other _____
☒ Limited Liability ☐ Professional Corporation ☐ Non-Professional Corporation2. BUSINESS STATUS: ☒ Non-Profit ☐ For Profit ☐ In-State ☐ Out-of-State

If the Business is incorporated out-of-state, list the state of incorporation _____

Please provide the address of your Corporate Headquarters _____

3. DATE BUSINESS ESTABLISHED 1999 Registered in Montana with the Secretary of State? ☒ Yes ☐ No
4. BUSINESS ENTITY NAME New Horizons Youth ranch inc.
5. FEDERAL TAX ID # [REDACTED] OR SOCIAL SECURITY # _____
6. BUSINESS PHYSICAL ADDRESS 6442 west Kootenai road, Rexford, Mt. 59930
7. BUSINESS MAILING ADDRESS same
8. BUSINESS TELEPHONE NUMBER 406-889-5996 FAX 406-889-5996
9. BUSINESS EMAIL ADDRESS mail@newhorizonsyouth.com
10. BUSINESS WEB SITE: www.newhorizonsyouth.com

Would you like your website address listed on the Montana Board of Private Adolescent Residential or Outdoor Programs Website? ☒ Yes ☐ No

For the individual named in Question number 12. (person responsible for the conduct of the program), and each current professional and supervisory employee listed in your answer to Question number 13, please list the following: *(Please use the "Individual Employee Report Form" (Page 7) for each person named in question #12 and 13).*




- a. List all other professional licenses (other than your original state of licensure) that the listed individuals have held and that have been current (whether active or inactive) at any time during the past five (5) years. If you need additional space, you may attach a separate sheet of paper. **Failure to list all licenses active or inactive during the previous five years constitutes a falsification of your application and will result in a denial of your application and/or disciplinary action.**
- b. For each individual, professional or supervisory personnel referenced in your answers, indicate whether a licensing agency has ever taken adverse or disciplinary action against the listed person's license. (For each person listed above and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) ☐ Yes ☒ No
- c. For each individual, professional or supervisory personnel referenced above, indicate whether he/she has ever voluntarily surrendered, cancelled forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint, during an investigation or during disciplinary proceedings. (If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) ☐ Yes ☒ No
- d. Has any legal or disciplinary action been filed against a person/individual referenced above, (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☒ No





14. Please list whether your program/facility is accredited/certified/licensed/registered; including registration or licensing through another state agency in Montana.

Name of Accrediting/Certifying/Licensing/ Registering Agency	Designation	Date Granted or Re-certified	Current
None			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Please list whether your business entity/program is or has been licensed in another state. List all other professional licenses (other than your original state of licensure) that the listed business entity/program has held and that has been current (whether active or inactive) at any time during the past five (5) years.

Business Name of Program	State in which licensed	Date of licensure	Type of License	License number
None				

16. Has a licensing agency ever taken adverse or disciplinary action against your business entity license? (For each person listed in 12. or 13., and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) ☐ Yes ☒ No
17. Has this business or the person in charge of this business who is listed on the application ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☒ No
18. Has this business or the person in charge of this business who is listed on the application ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☒ No
19. Has the person in charge of this business who is listed on this application ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. 
20. Has the person in charge of this business who is listed on this application ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. 
21. Has the person in charge of this business who is listed on this application ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. 
22. Has a licensing agency initiated or completed disciplinary action against this business or the person in charge of this business who is listed on this application? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. ☐ Yes ☒ No
23. Has this business or the person in charge of this business who is listed on this application voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☒ No

24. Has a complaint ever been made against this business or person in charge of this business who is listed on this application with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. 
25. Has this business or the person in charge of this business who is listed on this application ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. ☐ Yes ☒ No
26. Does this business or the person in charge of this business who is listed on this application have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. ☐ Yes ☒ No
27. Have any civil legal proceedings been filed against this business or the person in charge of this business who is listed on this application by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. ☐ Yes ☒ No
28. Does this business or the person in charge of this business who is listed on this application have any criminal charges pending or has this business or the person in charge of this business ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or has this business ever pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. ☐ Yes ☒ No
29. Has the person in charge of this business who is listed on this application ever been diagnosed with chemical dependency or another addiction, or participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. 
30. Has the person in charge of this business who is listed on this application ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. 
31. Has the person in charge of this business who is listed on this application ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. 

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL
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INDIVIDUAL EMPLOYEE REPORT FORM

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name Thomas E. Harrell

Position Program Director

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Contractor's	California	inactive	2001
Contractor's	Montana	Active	1995 thru Current

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes ☐ No

Thomas E. Harrell
Signature

1/5/10
Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name Rose M. Harrell

Position Assistant Program Director

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes ☒ No

Rose M. Harrell
Signature

1/5/2010
Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name Jeffrey Scogin
Position Counselor

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
under supervision w/ licensed SW			

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes ☒ No

Jeffrey Scogin
Signature

1.5.10
Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name Travis Andrew Harrell
Position Case Manager

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
N/A			

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes ☒ No

Travis Harrell
Signature

1/5/2010
Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name Jeanne Montoya

Position Aid

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Painting contractor	Mont.	Active	May 03 until present

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes ☒ No

Jeanne Montoya
Signature

7/6/10
Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name David Gillard (middle-Gerald)

Position Teacher / Education Coordinator

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Class 2 Level 8	Montana	Active	D.O.L 7/1/2008 DOE 6/30/2013
Folio # 77019			

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes ☒ No

David Gillard

Signature

1-5-2010

Date

DECLARATION

As the Person-in-Charge, I authorize the release of information concerning the record, character, license/registration history and competence of this facility, by anyone who might possess such information, to the Montana Board of Private Alternative Adolescent Residential or Outdoor Programs.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or incomplete answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for registration. I accept the rules and procedures outlined in these documents as the basis for this application.



Signature of Person-in-Charge

1-5-10

Date